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State Bar #4427
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E-Filed July 5, 2017

Attorney for Debtor-in-Possession

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEVADA**

In re:

Case No. BKN-17-50783 BTB
Chapter -11-

BETRA MFG. CO .

Debtor.

**AMENDED EXHIBIT A TO
MOTION PURSUANT TO
11 U.S.C. Sections 105(a) and 363©
FOR INTERIM AND FINAL ORDERS
AUTHORIZING DEBTOR'S USE
OF CASH COLLATERAL**

Hearing Date: TBA
Hearing Time TBA

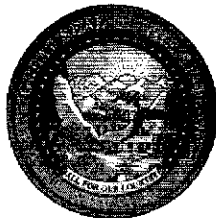
COMES NOW, BETRA MFG. CO. (Herein, "Debtor" or "Debtor-in-Possession"),
by and through proposed counsel Stephen G. Young, Esq. who presents the following
AMENDED EXHIBIT A. ENTITIES WHO CLAIM A SECURITY INTEREST IN
PROPERTY OF THE DEBTOR (F. Rule of Bank P. 4001(b)(1) (B)i to the motion above
named filed as Docket Item #14.

DATED this 5th Day of July, 2017

/s/ STEPHEN G. YOUNG
Proposed Counsel for Debtor

EXHIBIT A -LISTING OF ENTITIES WHICH CLAIM A SECURITY INTEREST IN PROPERTY OF THE DEBTOR

STATE OF NEVADA



BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Financing Statement #2008035055-4
FILED: 11-14-2008 11:29 AM

(D) BETRA MFG CO
ORGANIZATION
45 AFFONSO DR
CARSON CITY, NV 89706 USA

(S) HERITAGE BANK OF NEVADA
ORGANIZATION
1401 S VIRGINIA ST
RENO, NV 89502 USA

| ACTIONS: | DATE | DOCUMENT # | PGS |
|-----------------------------|---------------------|--------------|-----|
| Initial Financing Statement | 11-14-2008 11:29 AM | 2008035055-4 | 1 |
| Continuation | 11-07-2013 07:33 AM | 2013028697-6 | 1 |

Financing Statement #2013026951-4
FILED: 10-17-2013 12:59 PM

(D) BETRA MFG. CO.
ORGANIZATION
45 AFFONSO DRIVE
CARSON CITY, NV 89706 USA

(S) Financial Pacific Leasing, Inc.
ORGANIZATION
P.O. Box 4568
FEDERAL WAY, WA 98001 USA

| ACTIONS: | DATE | DOCUMENT # | PGS |
|-----------------------------|---------------------|--------------|-----|
| Initial Financing Statement | 10-17-2013 12:59 PM | 2013026951-4 | 1 |

Financing Statement #2015030779-8
FILED: 11-09-2015 10:00 AM

(D) Betra Mfg. Co.
ORGANIZATION
45 Affonso Drive
Carson City, NV 89706 USA

(S) LCA Bank Corporation
ORGANIZATION
1375 Deer Valley Drive Suite 218
Park City, UT 84060 USA

| ACTIONS: | DATE | DOCUMENT # | PGS |
|-----------------------------|---------------------|--------------|-----|
| Initial Financing Statement | 11-09-2015 10:00 AM | 2015030779-8 | 1 |

Financing Statement #2015032450-4
FILED: 11-25-2015 01:42 PM

(D) BETRA MFG. CO.
ORGANIZATION
45 AFFONSON DRIVE
CARSON CITY, NV 89706 USA

(S) FIANNICIAL AGENT SERVICES
ORGANIZATION
P.O. BOX 2576
SPRINGFIELD, IL 62708 USA

| ACTIONS: | DATE | DOCUMENT # | PGS |
|-----------------------------|---------------------|--------------|-----|
| Initial Financing Statement | 11-25-2015 01:42 PM | 2015032450-4 | 1 |

Financing Statement #2016012369-9
FILED: 05-02-2016 02:31 PM

(D) BETRA MFG. CO.
ORGANIZATION
45 Affonso Lane
Carson City, NV 89706 USA

(S) Royal Bank America Leasing, LP
ORGANIZATION
550 Township Line Road Suite 425
Blue Bell, PA 19422 USA

(D)=Debtor
(T)=Tax Payer

1 of 3
(A)=Assignee

(S)=Secured Party
(L)=Lien Holder

| | | | |
|-----------------------------|---------------------|--------------|-----|
| ACTIONS: | DATE | DOCUMENT # | PGS |
| Initial Financing Statement | 05-02-2016 02:31 PM | 2016012369-9 | 1 |

Financing Statement #2016023297-9
FILED: 08-16-2016 09:31 AM

(D) BETRA MFG. CO.
ORGANIZATION
45 Affonso Lane
Carson City, NV 89706 USA

(S) Royal Bank America Leasing, LP
ORGANIZATION
550 Township Line Road Suite 425
Blue Bell, PA 19422 USA

| | | | |
|-----------------------------|---------------------|--------------|-----|
| ACTIONS: | DATE | DOCUMENT # | PGS |
| Initial Financing Statement | 08-16-2016 09:31 AM | 2016023297-9 | 1 |

Financing Statement #2016028053-8
FILED: 10-01-2016 05:40 AM

(D) Betra Manufacturing
ORGANIZATION
45 Affonso Dr
Carson City, NV 89706 USA

(D) Betra MFG. CO.
ORGANIZATION
45 Affonso Dr
Carson City, NV 89706 USA

(S) CORPORATION SERVICE COMPANY, as
REPRESENTATIVE
ORGANIZATION
P.O. Box 2576 uccsprep@cscinfo.com
Springfield, IL 62708 USA

| | | | |
|-----------------------------|---------------------|--------------|-----|
| ACTIONS: | DATE | DOCUMENT # | PGS |
| Initial Financing Statement | 10-01-2016 05:40 AM | 2016028053-8 | 1 |

Financing Statement #2016034228-7
FILED: 12-08-2016 11:52 AM

(D) Betra MFG.
ORGANIZATION
45 Affonso Dr
Carson City, NV 89403 USA

(D) Betra MFG. Co.
ORGANIZATION
45 Affonso Dr
Carson City, NV 89403 USA

(S) CORPORATION SERVICE COMPANY, AS
REPRESENTATIVE
ORGANIZATION
P.O. BOX 2576 UCCSPREP@CSCINFO.COM
Springfield, IL 62708 USA

| | | | |
|-----------------------------|---------------------|--------------|-----|
| ACTIONS: | DATE | DOCUMENT # | PGS |
| Initial Financing Statement | 12-08-2016 11:52 AM | 2016034228-7 | 1 |

Financing Statement #2017014225-9
FILED: 05-23-2017 02:12 PM

(D) Thomas, Suzanne
INDIVIDUAL
47 Affonso Dr
Carson City, NV 89706 USA

(D) Betra MFG Co
ORGANIZATION
45 Affonso Dr
Carson City, NV 89706 USA

(S) Fox Capital Group Inc
ORGANIZATION
140 Broadway 46th Fl
New York, NY 10005 USA

| | | | |
|----------|------|------------|-----|
| ACTIONS: | DATE | DOCUMENT # | PGS |
|----------|------|------------|-----|

(D)=Debtor
(T)=Tax Payer

2 of 3
(A)=Assignee

(S)=Secured Party
(L)=Lien Holder

| | | | |
|-----------------------------|---------------------|--------------|---|
| Initial Financing Statement | 05-23-2017 02:12 PM | 2017014225-9 | 1 |
|-----------------------------|---------------------|--------------|---|

Financing Statement #2017017051-3
FILED: 06-22-2017 08:33 AM

(D) Thomas, Suzanne
INDIVIDUAL
47 Affonso Dr
Carson City, NV 89706 USA

(D) Betra MFG Co
ORGANIZATION
45 Affonso Dr
Carson City, NV 89706 USA

(S) Fox Capital Group Inc
ORGANIZATION
140 Broadway 46th Fl
New York, NY 10005 USA

| | | | |
|-----------------------------|---------------------|--------------|-----|
| ACTIONS: | DATE | DOCUMENT # | PGS |
| Initial Financing Statement | 06-22-2017 08:33 AM | 2017017051-3 | 1 |

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Anne Grindle 775-348-1000

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Anne Grindle
Heritage Bank of Nevada
1401 S Virginia St
Reno, NV 89502

Filed in the office of

[Signature]
Ross Miller
Secretary of State
State of Nevada

Document Number

2008035055-4

Filing Date and Time

11/14/2008 11:29 AM

(This document was filed electronically.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

BETRA MFG CO

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

45 AFFONSO DR

CITY

CARSON CITY

STATE

NV

POSTAL CODE

89706

COUNTRY

USA

1d. **SEE INSTRUCTIONS**ADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION

CORPORATION

1f. JURISDICTION OF ORGANIZATION

NV

1g. ORGANIZATIONAL ID #, if any

C9700-97

☐ NONE**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. **SEE INSTRUCTIONS**ADD'L INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE**3. SECURED PARTY'S NAME** (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

HERITAGE BANK OF NEVADA

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

1401 S VIRGINIA ST

CITY

RENO

STATE

NV

POSTAL CODE

89502

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

ALL INVENTORY, ACCOUNTS RECEIVABLES AND EQUIPMENT; WHETHER ANY OF THE FOREGOING IS OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS RELATING TO ANY OF THE FOREGOING; ALL RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING; ALL PROCEEDS RELATING TO ANY OF THE FOREGOING (INCLUDING INSURANCE, GENERAL INTANGIBLES AND OTHER ACCOUNTS PROCEEDS)


5. ALTERNATIVE DESIGNATION (if applicable) ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG LIEN ☐ NON-UCC FILING6. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS ☐ Attach Addendum ☐ (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ☐ (ADDITIONAL FEE) ☐ (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|--|--------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] | |
| Donna Klenke | 713-533-4661 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| <div style="border: 1px solid black; padding: 5px;"> Donna Klenke UCC Direct Services 2727 Allen Parkway Suite 1000 Houston, TX 77019 </div> | |

| | |
|--|---|
| Filed in the office of  Ross Miller Secretary of State State of Nevada | Document Number 2013028697-6 |
| | Filing Date and Time 11/07/2013 7:33 AM |
| | |

(This document was filed electronically.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | | | | |
|--|--|-----------------------------------|--|--|--|--|--|
| 1a. INITIAL FINANCING STATEMENT FILE # 2008035055-4 | | | | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS <input type="checkbox"/> | | | |
| 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. | | | | | | | |
| 3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. <input checked="" type="checkbox"/> | | | | | | | |
| 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. | | | | | | | |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). | | | | | | | |
| 6. CURRENT RECORD INFORMATION: | | | | | | | |
| 6a. ORGANIZATION'S NAME | | | | | | | |
| OR 6b. INDIVIDUAL'S LAST NAME | | | | | | | |
| | | FIRST NAME | | MIDDLE NAME | | SUFFIX | |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | | | | | | | |
| 7a. ORGANIZATION'S NAME | | | | | | | |
| OR 7b. INDIVIDUAL'S LAST NAME | | | | | | | |
| | | FIRST NAME | | MIDDLE NAME | | SUFFIX | |
| 7c. MAILING ADDRESS | | | | CITY | | STATE POSTAL CODE COUNTRY | |
| 7d. <u>SEE INSTRUCTIONS</u> | | ADD'L INFO RE ORGANIZATION DEBTOR | | 7e. TYPE OF ORGANIZATION | | 7f. JURISDICTION OF ORGANIZATION | |
| | | | | | | 7g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE | |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned. | | | | | | | |

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

| | | | |
|--|--|-------------|--|
| 9a. ORGANIZATION'S NAME HERITAGE BANK OF NEVADA | | | |
| OR 9b. INDIVIDUAL'S LAST NAME | | | |
| | | FIRST NAME | |
| | | MIDDLE NAME | |
| | | SUFFIX | |

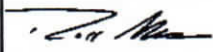
10. OPTIONAL FILER REFERENCE DATA

NV-0-40559747

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|--|--------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] | |
| Donna Klenke | 713-533-4661 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| <div style="border: 1px solid black; padding: 5px;"> Donna Klenke UCC Direct Services 2727 Allen Parkway Suite 1000 Houston, TX 77019 </div> | |

| | |
|--|--|
| Filed in the office of  Ross Miller Secretary of State State of Nevada | Document Number 2013026951-4 |
| | Filing Date and Time 10/17/2013 12:59 PM |

(This document was filed electronically.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**1. DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

| | | | | |
|---|--|-----------------------------------|--------------------------|--|
| 1a. ORGANIZATION'S NAME BETRA MFG. CO. | | | | |
| OR | | | | |
| 1b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 1c. MAILING ADDRESS 45 AFFONSO DRIVE | | CITY CARSON CITY | STATE NV | POSTAL CODE 89706 |
| 1d. SEE INSTRUCTIONS | | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION |
| | | | | 1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

| | | | | |
|-----------------------------|--|-----------------------------------|--------------------------|--|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 2b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | | COUNTRY |
| 2d. SEE INSTRUCTIONS | | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION |
| | | | | 2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

| | | | | |
|--|--|---------------------|-------------|----------------------|
| 3a. ORGANIZATION'S NAME Financial Pacific Leasing, Inc. | | | | |
| OR | | | | |
| 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 3c. MAILING ADDRESS P.O. Box 4568 | | CITY FEDERAL WAY | STATE WA | POSTAL CODE 98001 |
| | | | | COUNTRY USA |

4. This FINANCING STATEMENT covers the following collateral:

All equipment and other personal property, now or hereafter the subject of that certain Lease Agreement, relating to Financial Pacific Leasing, Inc., Lease # 001-0901117-901, dated 10/17/2013, between the Secured Party as Lessor and Debtor as Lessee, together with all attachments, additions, accessories, substitutions and replacements thereto, and any and all insurance and other proceeds of the foregoing.

| | | | | | | | | |
|--|--|--|--|--|---------------------------------------|--------------------------------------|---|-----------------------------------|
| 5. ALTERNATIVE DESIGNATION [if applicable] | | <input checked="" type="checkbox"/> LESSEE/LESSOR | <input type="checkbox"/> CONSIGNEE/CONSIGNOR | <input type="checkbox"/> BAILEE/BAIOL | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING | |
| 6. | | This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] | | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) [optional] | | <input type="checkbox"/> All Debtors | <input type="checkbox"/> Debtor 1 | <input type="checkbox"/> Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA NV-0-53456123 | | | | | | | | |

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|--------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) | |
| Donna Klenke | 713-533-4661 |
| B. E-MAIL CONTACT AT FILER (optional) | |
| sosack@uccdirect.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| Donna Klenke UCC Direct Services 2727 Allen Parkway Suite 1000 Houston, TX 77019 | |

| | |
|--|--|
| Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada | Document Number 2015030779-8 |
| | Filing Date and Time 11/09/2015 10:00 AM |

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1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); If any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME Beira Mfg. Co. | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 45 Affonso Drive | | CITY Carson City | STATE NV | POSTAL CODE 89706 |
| | | | COUNTRY USA | |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); If any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | COUNTRY USA | |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME LCA Bank Corporation | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 1375 Deer Valley Drive Suite 218 | | CITY Park City | STATE UT | POSTAL CODE 84060 |
| | | | COUNTRY USA | |

4. COLLATERAL: This financing statement covers the following collateral:

2 - 10x25x19' Gorbels Work Station includes 2ea acco 1 ton 460V/3PH Electric Hoists 1 - 22.54x45' Gorbels Work Station includes 2ea acco 1 ton 460V/3PH Electric Hoists 1 - Acco (1) Ton-VFD 460V/3PH Hoist 1 - Acco (2) Ton VFD 460V/3PH Hoist

| | |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: | |
| <input type="checkbox"/> Public Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor | |
| 8. OPTIONAL FILER REFERENCE DATA: NV-0-51119003 | |

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 | |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 108368370 - 371860 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 | |
| Filed In: Nevada (S.O.S.) | |

| | |
|--|---|
| Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada | Document Number 2015032450-4 Filing Date and Time 11/25/2015 1:42 PM |
|--|---|

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--------------------------|----------------------------|-------------------------------|-----------------------------|
| 1a. ORGANIZATION'S NAME BETRA MFG. CO. | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 45 Affonso Drive | | CITY Carson City | STATE NV | POSTAL CODE 89706 |
| | | | COUNTRY USA | |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | COUNTRY | |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|--------------------------|----------------------------|-------------------------------|-----------------------------|
| 3a. ORGANIZATION'S NAME FINANCIAL AGENT SERVICES | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS P.O. Box 2576 | | CITY Springfield | STATE IL | POSTAL CODE 62708 |
| | | | COUNTRY USA | |

4. COLLATERAL: This financing statement covers the following collateral:

Any and all assets whether now owned or hereafter acquired or arising.

THE SECURED PARTY NAMED IN THIS RECORD IS ACTING IN A REPRESENTATIVE CAPACITY FOR PURPOSES OF FORWARDING NOTICES & INQUIRIES REGARDING THIS RECORD. FOR MORE INFORMATION, PLEASE CONTACT THE SECURED PARTY AT THE ADDRESS LISTED ABOVE OR AT UCCSPREP@CSCINFO.COM.

| | |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor | |
| 8. OPTIONAL FILER REFERENCE DATA: | |

108368370

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|--------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) | |
| Donna Klenke | 713-533-4661 |
| B. E-MAIL CONTACT AT FILER (optional) | |
| sosack@uccdirect.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| Donna Klenke UCC Direct Services 2727 Allen Parkway Suite 1000 Houston, TX 77019 | |

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|--|---|
| Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada | Document Number 2016012369-9 |
| | Filing Date and Time 05/02/2016 2:31 PM |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME BETRA MFG. CO. | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 45 Alfonso Lane | | CITY Carson City | STATE NV | POSTAL CODE 89706 |
| | | | COUNTRY USA | |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | COUNTRY USA | |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME Royal Bank America Leasing, LP | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 550 Township Line Road Suite 425 | | CITY Blue Bell | STATE PA | POSTAL CODE 19422 |
| | | | COUNTRY USA | |

4. COLLATERAL: This financing statement covers the following collateral:

(1) Scissor Lift 19" Electric S/N 22006648 (1) Poly Spek Desktop Spectrometer; "including all replacements, parts, substitutions, modifications, accessories, additions, attachments, accessions and tools of the debtor now or hereafter installed therein, affixed thereto or used or intended to be used in connection therewith."

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):

☒ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

NV-0-53731390

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|--------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) | |
| Donna Klenke | 713-533-4661 |
| B. E-MAIL CONTACT AT FILER (optional) | |
| sosack@uccdirect.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| Donna Klenke UCC Direct Services 2727 Allen Parkway Suite 1000 Houston, TX 77019 | |

| | |
|--|---|
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| | Filing Date and Time 08/16/2016 9:31 AM |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|---|--------------------------|---------------------|---------------------|-------------------------------|----------------|
| 1a. ORGANIZATION'S NAME BETRA MFG. CO. | | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 45 Alfonso Lane | | CITY Carson City | STATE NV | POSTAL CODE 89706 | COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|-------------------------|--------------------------|------|---------------------|-------------------------------|---------|
| 2a. ORGANIZATION'S NAME | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | | |
|---|--------------------------|-------------------|---------------------|-------------------------------|----------------|
| 3a. ORGANIZATION'S NAME Royal Bank America Leasing, LP | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 550 Township Line Road Suite 425 | | CITY Blue Bell | STATE PA | POSTAL CODE 19422 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

Frank Bacon Machinery Sales Company(1)24,000 lbf Capacity Satec model 24BN Electro Mechanical Tension and compression testing machine with precision load cell and updated new AC Servo motor and drive system serial 1012(1)Set of 20k capacity wedge action grips with mounting hardware(1)Travel clip on extensometer-Hawk Ridge Systems(1)Solid works 3D Design software with Professional seat License- Sierra Tech Solutions(1)Custom Designed PC for CAD; "including all replacements, parts, substitutions, modifications, accessories, additions, attachments, accessions and tools of the debtor now or hereafter installed therein, afixed thereto or used or intended to be used in connection therewith."

| | |
|--|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input checked="" type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser | |
| 8. OPTIONAL FILER REFERENCE DATA: NV-0-55249173 | |

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CORPORATION SERVICE COMPANY 18008585294 | |
| B. E-MAIL CONTACT AT FILER (optional) FilingDept@diligenz.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) CORPORATION SERVICE COMPANY CORPORATION SERVICE COMPANY 801 ADLAI STEVENSON DRIVE SPRINGFIELD, IL 62703 | |

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|--|---|
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| | Filing Date and Time 10/01/2016 5:40 AM |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|---------|
| 1a. ORGANIZATION'S NAME Beta MFG. CO. | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 45 Alfonso Dr | Carson City | NV | 89706 | USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|---------|
| 2a. ORGANIZATION'S NAME Beta Manufacturing | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 45 Alfonso Dr | Carson City | NV | 89706 | USA |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|--------------------------|---------------------|-------------------------------|---------|
| 3a. ORGANIZATION'S NAME CORPORATION SERVICE COMPANY, as REPRESENTATIVE | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| P.O. Box 2576 uccsprep@csinfo.com | Springfield | IL | 62708 | USA |

4. COLLATERAL: This financing statement covers the following collateral:

Security interest in and to all of Merchant's present and future accounts, chattel paper, deposit accounts, personal property, assets and fixtures, general intangibles, instruments, equipment, inventory wherever located, and proceeds now or hereafter owned or acquired by Merchant.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CORPORATION SERVICE COMPANY 18008585294 | |
| B. E-MAIL CONTACT AT FILER (optional) FilingDept@diligenz.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) CORPORATION SERVICE COMPANY CORPORATION SERVICE COMPANY 801 ADLAI STEVENSON DRIVE SPRINGFIELD, IL 62703 | |

| | |
|--|--|
| Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada | Document Number 2016034228-7 |
| | Filing Date and Time 12/08/2016 11:52 AM |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|--|--------------------------|---------------------|---------------------|-------------------------------|----------------|
| 1a. ORGANIZATION'S NAME Beta MFG. Co. | | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 45 Alfonso Dr | | CITY Carson City | STATE NV | POSTAL CODE 89403 | COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|--------------------------------------|--------------------------|---------------------|---------------------|-------------------------------|----------------|
| 2a. ORGANIZATION'S NAME Beta MFG. | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 45 Alfonso Dr | | CITY Carson City | STATE NV | POSTAL CODE 89403 | COUNTRY USA |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | | |
|---|--------------------------|---------------------|---------------------|-------------------------------|----------------|
| 3a. ORGANIZATION'S NAME CORPORATION SERVICE COMPANY, AS REPRESENTATIVE | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS P.O. BOX 2576 UCCSPREP@CSCINFO.COM | | CITY Springfield | STATE IL | POSTAL CODE 62708 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

All Assets now owned or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a. Accounts, including but not limited to, credit card receivables; b. Chattel Paper; c. Inventory; d. Equipment; e. Instruments, including but not limited to, Promissory Notes; f. Investment Property; g. Documents; h. Deposit Accounts; i. Letter of Credits Rights; j. General Intangibles; k. Supporting Obligations; and l. Proceeds and Products of the foregoing. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN, THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCER IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

International Association of Commercial Administrators (IACA)

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Donna Klenke 713-533-4661 | |
| B. E-MAIL CONTACT AT FILER (optional) sosack@uccdirect.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Donna Klenke UCC Direct Services 2727 Allen Parkway Suite 1000 Houston, TX 77019 | |

| | |
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| | Filing Date and Time 05/23/2017 2:12 PM |

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1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------|
| 1a. ORGANIZATION'S NAME Beta MFG Co | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 45 Alfonso Dr | CITY Carson City | STATE NV | POSTAL CODE 89706 | COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--------------------------------------|------------------------------------|--------------------------------|-------------------------------|----------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME Thomas | FIRST PERSONAL NAME Suzanne | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 47 Alfonso Dr | CITY Carson City | STATE NV | POSTAL CODE 89706 | COUNTRY USA |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------|
| 3a. ORGANIZATION'S NAME Fox Capital Group Inc | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 140 Broadway 46th Fl | CITY New York | STATE NY | POSTAL CODE 10005 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

All assets now or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a. Accounts, including but not limited to, credit card receivables b. chattel paper c. inventory d. equipment e. instruments, including but not limited to, promissory notes, f. investment property, g. documents h. deposit accounts, i. letter of credit rights, j. general intangibles, k. supporting obligations; proceeds of products of the foregoing. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN, THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTUOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCE IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL, PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY'S ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

5. Check only if applicable and check only one box. Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public Finance Transaction ☐ Manufactured Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessor/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

NV-0-59022292

International Association of Commercial Administrators (IACA)

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Donna Klenke 713-533-4661 | |
| B. E-MAIL CONTACT AT FILER (optional) sosack@uccdirect.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Donna Klenke UCC Direct Services 2727 Allen Parkway Suite 1000 Houston, TX 77019 | |

| | |
|--|---|
| Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada | Document Number 2017017051-3 Filing Date and Time 06/22/2017 8:33 AM |
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1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------|
| 1a. ORGANIZATION'S NAME Beta MFG Co | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 45 Alfonso Dr | CITY Carson City | STATE NV | POSTAL CODE 89706 | COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--------------------------------------|------------------------------------|--------------------------------|-------------------------------|----------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME Thomas | FIRST PERSONAL NAME Suzanne | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 47 Alfonso Dr | CITY Carson City | STATE NV | POSTAL CODE 89706 | COUNTRY USA |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------|
| 3a. ORGANIZATION'S NAME Fox Capital Group Inc | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 140 Broadway 46th Fl | CITY New York | STATE NY | POSTAL CODE 10005 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:

All assets now or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a. Accounts, including but not limited to, credit card receivables b. chattel paper c. inventory d. equipment e. instruments, including but not limited to, promissory notes; f. investment property; g. documents h. deposit accounts; i. letter of credit rights; j. general intangibles; k. supporting obligations; proceeds of products of the foregoing. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN, THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTUOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCE IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL, PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY'S ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

| | |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor | |
| 8. OPTIONAL FILER REFERENCE DATA: NV-0-59431401 | |